

MIDWIFERY ADVISORY COMMITTEE
MEETING MINUTES
JUNE 10, 2003

COMMITTEE MEMBERS

PRESENT: Morgan Martin, LM, Chair
Marijke van Roojen, LM
Leslie Gesner, LM
Jennifer Durrey, Public Member

MIDWIFERY PROGRAM

STAFF PRESENT: Paula Meyer, Executive Director
Kendra Pitzler, Program Manager

OTHER DOH STAFF

PRESENT: Mary Dale, Health Professions Quality
Assurance Division
George Heye, MD, Medical Quality Assurance
Commission Staff
Polly Taylor, Maternal Child Health

OTHERS PRESENT:

Debra O'Conner
Jessica Timins
Shaheeda Pierce, LM
Amanda Feldmann, LM
Tracey McDaniel, ND, LM
Diana Davidsen
Audrey Levine, LM
Catriona Munro, LM
Cindra Thompson, LM

OPEN SESSION:

1. Call to Order

The meeting was called to order at 10:00 a.m.

1.1. Approval of Agenda

There was much discussion about agenda item number 2- Review of Midwifery Laws and Rules and agenda item number 3-Standards of Practice Options. Midwifery Committee Members indicated that the explanations did not represent what was intended per the May, 2003 meeting. In due course, it was agreed that the explanation of agenda item number 2 should read as follows:

"This will be a review of other state's midwifery laws and rules to identify items that meet the mutual goals of the Department of Health and the Midwifery Community".

The explanation of agenda item number 3 - Standards of Practice Options was changed to read as follows:

"This will be a collaborative brain-storming session of solutions to the mutual goals of the Department of Health and the Midwifery Community. These goals include protection of the public through safe midwifery practice, reduction of costs of regulating midwives and improved guidance through midwifery standards and guidelines for investigators and legal staff"

Morgan Martin also asked that the discussion on the "Legend Drugs and Devices" be included on the agenda. This was added as item number 4 and the MEAC Accreditation was renumbered as item number 5.

The agenda was approved as amended.

1.2. Approval of Minutes - May 13, 2003

Discussion took place regarding whether to review the draft minutes of May 13, 2003 at this time or whether to post-pone this discussion to the September meeting. While the draft minutes had been sent out to committee members to review, the response from committee members was extensive and received only one day before the meeting. Because of the extensive changes requested, staff indicated that they would prefer that the draft minutes be discussed by department of health personnel and midwifery committee members at a later time and brought back to the next meeting.

It was finally agreed that staff and advisory committee members would discuss the minutes during the lunch break and would revisit the question of the minutes after lunch. Because they were not able to go through all portions of the minutes during the lunch break, it was later agreed that the minutes would be revised, with input from both staff and committee members, and brought back to the next meeting.

2. Review of Midwifery Laws and Rules.

It was agreed that small groups would review each group of state rules provided by Department of Health Staff. These state rules included Florida, Colorado, Alaska, South Carolina, Montana, Vermont, Arizona, and Oregon. Each group would document their findings on large chart paper. Before the groups began, a list of mutual goals and things to look for was agreed upon. The mutual goals and things to look for are documented in "Attachment 1". The groups were given 40 minutes to review the law and write their findings on the chart paper. Each group then presented their findings. The "findings" as listed on the chart paper, are documented in "Attachment 2".

3. Standards of Practice Options.

Ms. van Roojen facilitated this portion of the meeting to brain-storm solutions of the mutual goals of the department and the midwifery community. She asked if there were other mutual goals and indicated that there may be all sorts of ideas that may or may not accomplish these goals. She asked that everyone brainstorm ideas that may accomplish these goals. She indicated that not everybody had to agree with everything on this list. The list is incorporated as attachment 3.

At the end of this dialogue, Ms. van Roojen asked that the meeting be summarized. The summary is as follows:

- 1) There was agreement on four mutual goals which are incorporated to the minutes as attachment 1.
- 2) There was a brainstorming session which elicited ideas on how these goals may be accomplished. These are incorporated in to the minutes as attachment 2.
- 3) There was a request that the Department obtain the Collaborative Management agreement from Florida.

- 4) There was a suggestion to combine the MAWS documents (*Standards for the Practice of Midwifery* and *Indications for Consultation in an Out-of-Hospital Midwifery Practice*) with Collaborative Management (such as Florida rules allow) to better meet the legal standards desired by the Department of Health. The purpose of this is to define when a midwife has crossed the bright line into sub-standard practice.
- 5) There was agreement among the midwifery advisory members and the audience that many of the other things listed in attachment 3 which needs to be incorporated in order to meet the mutual goals.
- 6) The Midwifery Advisory Committee Members indicated that the following needs to happen: "Greater midwifery participation to assure a midwifery model of care and to meet "goals" brainstormed, and ultimately save money"
- 7) It was requested that the Department obtain other laws and/or rules from other states whose laws and/or rules were not reviewed at this meeting.
- 8) Further documentation will be reviewed at the September, 2003 meeting.

4. Legend Drugs and Devices

The latest draft of the Legend Drugs and Devices draft rule was presented to the Committee. There were a few minor revisions suggested and it was recommended that this draft go forward. This draft will be mailed to interested parties for comment.

5. Midwifery Education Accreditation Council's (MEAC) Accreditation

Leslie Gesner indicated that she had reviewed the MANA Core Competencies, the written test and the NARM Specifications. She has also reviewed a check-list compiled by Therese Charvet in 1997. This list compared the Washington Midwifery Laws with the NARM/CPM requirements at that time. Ms. Gesner indicated that the "gray" areas that were left concerned the following issues: 1) Some MEAC approved programs are less than three years; 2) Epidemiology is not required by MEAC, although the majority of MEAC schools offer this; 3) Basic Sciences are not required, although the majority of schools offer this; and 4) Numbers of clinical and births differ.

It was suggested that a check-list could be used for MEAC graduates of MEAC accredited schools which would check for these requirements. It was also suggested that these topics and Pharmacology could be used for a revised add-on Washington examination.

5. 2003 Meeting Dates

After discussion, the meeting scheduled for September 16, 2003 was rescheduled to September 2, 2003, with the meeting to take place in Tumwater.

ADJOURNMENT: The meeting was adjourned at 3:40 p.m. Minutes prepared by Kendra Pitzler, Program Manager.

Morgan Martin, Chair

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Attachment 1

MUTUAL GOALS

1. PROTECTION OF THE PUBLIC THROUGH SAFE MIDWIFERY PRACTICE.
2. REDUCE COST OF REGULATION.
3. IMPROVED GUIDANCE THRU MIDWIFERY STANDARDS AND GUIDELINES FOR INVESTIGATORS AND LEGAL STAFF.
4. COMMITMENT TO SUSTAINABILITY OF LICENSED MIDWIVES PROGRAM

THINGS TO LOOK FOR

1. LEGEND DRUGS & DEVICES
2. WHO REGULATES MIDWIFERY?
3. DEFINITIONS, LOW RISK, MEDICAL AID, SIGNIFICANT DEVIATIONS FROM NORMAL
4. PRACTICE LIMITATIONS
5. CONSULT RECOMMENDATIONS/GUIDELINES/SUPERVISION.
6. WHO WRITES GUIDELINES FOR PRACTICE?
7. C.E.U. ROUTES OF ENTRY
8. TRANSPORT PLAN
9. USE OF: SHALL, MAY, WILL, MUST
10. ANY RESERVED DOCS - MANAGED CARE COMP OR STANDARDS
11. STANDARDS OF PRACTICE OR SOMETHING ELSE.

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Attachment 2.

FLORIDA

- REFERRAL: REQUEST FOR ASSESMENT TO DEFINE MANAGEMENT FOR, OR RESOLUTION OF A PROBLEM.
- TRANSFER: FORMAL DISSOLUTION OF CARE
- "COUNCIL OF LICENSED MIDWIFERY" WITHIN DOH
- COURSE OF MEDICAL ERROR PREVENTION.
- NARM EXAM
- WRITTEN PLAN FOR EMERGENCIES
- OFFICIAL TRANSCRIPT FROM APPROVED SCHOOL
- RECIPROCITY.
- "MIDWIVES SHALL ACCEPT FOR SERVICE ONLY THOSE PATIENTS EXPECTED TO HAVE NORMAL PREGNANCY AND CHILD BIRTH.
- RISK SCORING SYSTEM - TRANSFER - COLLABORATIVE CARE GUIDELINES.
- "INFORMED CONSENT FORM" STATE FORM 19389.
- PATIENT ENCOURAGED TO HAVE A CONSULTANT MD.
- REFER FOR CONSULTATION - THESE CAN COME BACK
- SHALL CONSULT, REFER OR TRANSFER (391)
- 2 YEAR/20 HOUR
- EXTERNAL OR INTERNAL VERSION
- NO MECHANICAL, ARTIFICIAL
- *CONSULT WITH OR TRANSPORT (OP ISSUES)
- IF TO DO COLLABORATIVE MANAGEMENT (393)
- COMPLETED A COURSE ON COLLABORATIVE MANAGEMENT
- WRITTEN PROTOCOL WITH MD ON COLLABORATIVE MANAGEMENT AGREEMENT FORM, IN PATIENT'S RECORD.
- IF LICENSED PRIOR TO 1992. (393)

TEXAS

- TEXAS MW BOARD RECOGNIZES MEAC OR OTHER APPROVED EXAM; NARM +STATE; CPM + ADD-ON

- MAY ADOPT RULE - STANDARD -ACCREDITATION - SUBJECT TO APPROVAL OF TX BOARD OF HEALTH
- 835.1 STANDARD FOR THE PRACTICE OF MW IN TEXAS.
- "NORMAL"
- APPRENTICESHIP OR MW EDUCATION
- REF. MANA CORE COMP 1994, TEXAS MIDWIFERY ACT, TX MW BD STANDARDS FOR PRACTICE OF MW IN TX.
- INDIVIDUAL PROTOCOLS
- TX MW BASIC INFO & INSTRUCTORS MANUAL
- SHALL CARRY RESUSCITATION EQUIPMENT
- MAINTAIN RECORDS
- QA
- DEFINES, CONSULTATION, COLLABORATION, REFERRAL, TRANSFER
- CLIENT MAY ELECT NOT TO ACCEPT A REFERRAL OR PHYSICIAN ADVICE & IF DOCUMENTED, MW MAY CONTINUE TO CARE ACCORDING TO MIDWIFE'S OWN PROTOCOLS.
- MIDWIFE SHALL ESTABLISH POLICIES & PROTOCOLS COSISTENT WITH "STANDARD" MIDWIFERY TEXT RULES. THE LAW LISTS WHAT PROTOCOLS YOU NEED TO HAVE.
- DEFINATION OF SIGNIFICANT DEVIATIONS 831.75.65.70
- REGULATED TERMINATION OF CLIENT/MW RELATIONSHIP,
- TRANSFER PER MW PROTOCOLS.
- THE MW SHALL RECOMMEND REFERRAL LISTS...PRE-EXIST, PRENATAL
- SHALL RECOMMEND TRANSFER - MW SHALL TERMINATE CARE OR COLLABORATION.
- LISTS IS PATIENTS - "AS ASSESSED BY A MW EXERCISING ORDINARY SKILL & EDUCATION"
- MIDWIFE SHALL NOT FUNDAL PRESSURE IN LABOR, OXY, ERG, PROST IN LABOR, ANY OTHER PROHIBITED PRACTICE BY ACT 203.401
- MW SHALL INITIATE EMERGENCY TRANSPORT - LIST
- PP EQUAL TO OR MORE THAN 2HRS
- LEGEND D&D
- OXYGEN, EYE DROPS, NEWBORN SCREEN
- INFORMED CHOICE & DISCLOSURE, LIMITATIONS OF SKILL & PRACTICE INCLUDE PROHIBITTED ACTS.

- PRACTICE RESTRICTIONS: SHALL NOT PROVIDE CARE TO...: SHALL NOT PERFORM.....ZERO MEDS, VERSIONS, INSTRUMENTS
- PRACTICE REQUIREMENTS
- "DEFINE STANDARDS OF CARE" "SHALL"

RULE 5

AP:

- WHAT HAPPENS AT VISITS: LABS, DISCUSSION TOPICS, EXAMS PERFORMED.
- "MANDATORY DISCLOSURE FORM PLUS I/C FORMS" APPROVED OR PROVIDED BY DIRECTOR.
- SHALL REFER MULTIPLES, NON-VERTEX
- SHALL REFER FOR EVAL BY LICENSED HEALTH CARE PROVIDER FOR A LONG LIST OF DEVIATIONS FROM NORMAL

RULE 6

IP:

- WHEN DEM MUST BE WITH FEMALE
- WHEN & WHAT SN/SX DEM "IS RESPONSIBLE" TO MONITOR & "SHALL MONITOR"
- "SHALL ARRANGE IMMEDIATE CONSULTATION & TRANSPORT" - LIST INCLUDING FTP

RULE 7

PP:

- SHALL REMAIN, ASSESS, INSTRUCT, REFER
- LIST OF DEVIATIONS FROM NORMAL

RULE 8

NB

- WILL PERFORM, SHALL ARRANGE BOTH SCREENING & TRANSPORT LIST
- FOLLOW UP VISITS SHALL INCLUDE

RULE 9

- RECORD KEEPING - RECORDS SHALL INCLUDE,

RULE 10

- EMERGENCY PLAN - FORM PRESCRIBED BY DIRECTOR & PREPARED BY DEM & CLIENT IF MORE THAN 30 MINUTES FROM HOSPITAL.

RULE 11

- DECLARATORY ORDERS

- DIRECTOR OF REGISTRATIONS CAN TERMINATE CONTROVERSIES OVER APPLICABILITY OF RULES - COLLECT STATEMENTS, HOLD HEARINGS.

**BOD OF CERTIFIED DE MW'S
ALASKA ADMIN CODE DEC 2002
"PROFESSIONAL & VOCATIONAL REGS"**

- "SHALL" - DEFINES FREQUENCY + CONTENT OF PNV'S, IP.PP (INC. MW SHALL DISCUSS, ORDER, RECOMMEND SPECIFIC LABS/PROCEDURES @SPECIFIC TIMES)
- SHALL CONSULT LIST OF 19 ITEMS FOR AP, SHALL CONSULT OR REFER 8/IP, CONSULT OR REFER 9/PP, CONSULT 15/NB, INCLUDING PPV.
- IF MD RECOMMENDS REFERRAL, MW SHALL REFER, BUT ASIDE FROM THIS SPECIFIC LIST DOES NOT HAVE OR STATE, "MW SHALL CONSULT FOR OTHER SIGNIFICANT DEVIATIONS FROM NORMAL."
- LOW RISK = FEMALE WHOSE LABOR, DEL, PP, NB NOT REASONABLY EXPECTED TO REQUIRE CONSULTATION/REFERRAL
- STABILITY OF FEMALE AND NB DEFINED BY NORMAL BP, PULSE, RR, FF, HEAD LOCHIA, ABLE TO VOID, RR MATERNAL TEMP, HR, SUCK
- PRACTICE RESTRICTIONS: "MAY NOT" ZERO VE WITH ROM UNLESS ...
- SHALL TRANSPORT FEMALE WITH IV OR CPR.
- SHALL ACCOMPANY CLIENT WITH TRANSFER
- DOCUMENT REFERENCES AS 08...THERE ARE "CONDITIONS" SET OUT IN AS 08.65.140.
- NOT IN THIS DOCUMENT: LEGEND DRUGS/DEVICES, ED. REGS., WHO REGULATES/ WHO WRITES GUIDELINES
- LEAVES NO ROOM FOR CLIENT I.C. OR REFUSAL
- EX: MIDWIFE SHALL ADMINISTER WHOJ NOTE
- REF; AK ADMIN. JOURNAL
- ZERO DOCUMENTS REFERENCED
- SHALL MAINTAIN RECORDS
- WRITTEN BACK-UP? CONFUSING
- PERMITTED PRACTICES
- MW APPROVED BY BOARD
- MEDS - MAY NOT ADMINISTER ANY EXCEPT ON LIST

SOUTH CAROLINA

- SHALL = CONSULTATION OR REFER

- HAVE A CLEARLY DEFINED DISCIPLINARY PROCESS CLASS 1-II, FINE DEFINE
- SCOPE OF PRACTICE (PAGE 9)
- PROVIDE CARE TO "LOW RISK WOMEN & NEONATE DETERMINED BY MEDICAL EVALUATION THAT HAVE COMPLETED 37-42 WEEK EXCEPT FOR EMERGENCIES.
- CONTINUE CARE "SO LONG AS PROGRESS MEETS CRITERIA GENERALLY ACCEPTED AS NORMAL"
- 2 VISITS WITH PHYSICIAN, 1 IN FINAL 6 WEEKS
- SHALL PLAN STRATEGY FOR BACK UP AND FOR TRANSPORTATION IN CASE OF ER AND COORDINATE WITH HEALTH CARE PROVIDER THOSE ARRANGEMENTS
- "ALERTNESS TO PARAMETERS OF NORMAL"
- MANAGING ANY PROBLEMS IN ACCORDANCE WITH THE GUIDELINES CITED...IN REGULAR AND ACCORDANCE WITH SOUND OBSTETARICAL AND NEONATAL PRACTICE.
- SPECIFIC FREQUENCY OF VISITS AND WHAT'S DONE.
- REFERRAL PG 15 #1
- SIGNIFICANT DEVIATION FROM NORMAL
- HAS LIST REQUIRING CONSULTATION OR REFERRAL
- MINIMAL DRUGS- HEMMORAGE- EYE DROPS-RHOGRAM
- CPR: APPROVED COURSE OF ED OR PLAN THAT IS APPROVED BY DEPT.
- APPRENTICESHIP, NO RECIPROCITY, EXAM ONLY FEE \$150 -2 YR
- 2YR/ 32 HR CONT. ED
- ANNUAL PEER REVIEW
- REPORTING REQUIRMENTS, PAGE 23
- MIDWIFERY ADVISORY COUNCIL MEETS ANNUALLY. 3LM, 1 CONSUMER, C 2CNMS, 1 PHYSICIAN, 1 MEMBER AT LARGE. COMMITTEE TO PEER-REVIEW AND APPEAL COMMITTEE WHEN DISCIPLINARY.
- LIMITATIONS: MEDS AS LISTED, AROM - CLAMPING & CUTTING, NO EPISIOTOMYS OR SUTURES, NO ARTIFICIAL FORCIBLE OR MECHANICAL MEANS

MT RULES FOR NATUROPATHIC PHYSICIANS

- DEFINITIONS: ONLY 3 LISTED HERE - N/A
- PRACTICE LIMITATIONS - SCOPE OF PRACTICE SUCCINCTLY DEFINED
- DEM - PROTOCOL OF STANDARD LIST REQ FOR APPLICATION

- "THE ANTEPARTUM PROTOCOL STANDARDS INCLUDE..."SHALL NOT ACCEPT AS CLIENTS"
- HIGH RISK PG DEFINED AS LIST OF CONDITIONS
- ALSO LIST OF CONDITIONS REQ; ATTEMPTED CONSULTATION, CNM OR DEM CONSULTED, IF CANNOT CONTACT DR

VBAC RULES - NOT MOM'S RISK FACTORS

ENVIRONMENTAL/EDUCATIONAL RISKS ADDRESSED

CEU - REQUIRED, BUT LEFT TO DISCRETION OF MIDWIFE

VERMONT

- LEGEND DRUGS /DEVICES - SIMILAR TO WA STATE
- QUALIFICATIONS: CPM (-NARM), HIGH SCHOOL GRAD OR GED. AGREEMENT TO PRACTICE ACCORDING TO SCOPE & STANDARDS (SET FORTH IN THESE REGS)
- DEFINITIONS OF LOW RISK - NOT INCLUDED AS SUCH - ZERO EXCLUSION OF GRAND MULTIPS; VERY SPECIFIC VBAC GUIDELINES (ALL OTHER VBAC'S EXCLUDED)
- STANDARDS OF PRACTICE - PN, IP, PP - LANGUAGE IS SPECIFIC BUT NOT PRESCRIPTIVE - (EG "MIDWIFE MUST CONTINUE TO EVALUATE NB VITAL SIGNS") BUT IS LEFT INTENTIONALLY OPEN TO ALLOW FOR MW'S DISCRETIONS (EG "MIDWIFE MUST CONTINUE TO ASSESS PROGRESS OF LABOR & WELL BEING OF CLIENT & BABY" BUT DOES NOT STIPULATE HOW OFTEN VE'S MUST BE DONE OR FMTS, NTAL SIGNS DONE).
- NB - USE OF THE WORD "CHOICES" - PAGE 9
- PRACTICE LIMITATIONS - CLEAR CIRCUMSTANCES UNDER WHICH MW MUST NOT ASSUME OR CONTINUE CARE OF CLIENT (SEPARATE FROM INDICATIONS FOR CONSULTATION). INCLUDES VERY SPECIFIC VBAC GUIDELINES. INCLUDES SECTION ON DECISION MAKING CONFLICTS/ TO ADDRESS ISSUE OF ABANDONMENT.
- CEU'S 20 HOURS IN 2 YRS - LISTS ORGANIZATIONS THAT FULFILL REQUIREMENTS.
- PEER REVIEW - 4 MTGS IN 2 YRS (+ MANADATED PEER REVIEW IF SENTINEL EVENT (DEATH, SIGNIFICANT MORBILITY, **NB INCLUDES HOSPITAL TX)
- CPR/NNR REQUIRED
- PLAN FOR CONSULT/TRANSFER - AS IN WA, WRITTEN PLAN SUBMITTED WITH LICENSE APPLICATION + RENEWAL Q-2YRS.
- PRACTICE DATA - MUST BE SUBMETTED FOR LICENSE RENEWAL Q. 2YRS, ON APPROVED FORMS.
- RECORD KEEPING REQUIREMENTS - STRAIGHTFORWARD
- I/C - INCLUDES WRITTEN STATEMENT OF: MW'S EDUCATIONAL BACKGROUND & CREDENTIALS, WHETHER MW HAS LIABILITY COVERAGE,

RISKS/BENEFITS OF MB, STATEMENT THAT CLIENT IS "ADVISED TO" CONSULT WITH PHYSICIAN AT LEAST 1 TIME DURING PREGANCY, CLIENT RECEIVES COPY OF WRITTEN CONSULT PLAN, ADDRESS/PHONE NUMBER FOR OFFICE OF PROF. REGULATION WHERE COMPLAINTS MAY BE FILED

- COPY OF ABOVE IN CHART & CLIENT RECIEVES COPY.

ARIZONA

DEFINITIONS

- SPECIFY PRACTICE PROTOCOLS- PN PANEL, GDM - SCHEDULE OF VISITS
- PRACTICE PARAMETERS VERY SPECIFIC - MORE SO THAN MAWS GUIDELINES - "NORMAL" PROGRESS
- REGULATION
- QUARTERLY REPORT - QA
- NO MENTION OF CEU'S, ROUTES OF ENTRY, REFERENCED DOCUMENTS

OREGON

- UTILIZED CLIENT DISCLOSURE - PROVIDED TO PROSPECTIVE CLIENTS...+ EMERGENCY PLAN, PLACE OF TRANSPORT, MODE OF TRANSPORT, 24 HR COVERAGE, BACK UP DOC PROVISIONS, AVAILABILITY OF AMBULANCE.
- USES RISK ASSESSMENT CRITERIA
- ABSOLUTE RISK: (ANTEPARTUM, INTRAPARTUM, POSTPARTUM, & INFANT) THESE CLIENTS AND RISK FACTORS ARE CONSIDERED NOT APPROPRIATE FOR OUT-OF-HOSPITAL BIRTH.
- NON-ABSOLUTE RISK: (ANTEPARTUM, INTRAPARTUM, POST PARTUM AND INFANT) NECESSITATES ASSESSMENTS (MW EXPERIENCE, LOCATION, and DISTANCE) CONSULT WITH LICENSED CARE PROVIDER & PRIVILEGES. DOCUMENTATION OF CONSENT IN CHART DOCUMENTATION OF WRITTEN CLIENT INFORMED CHOICE.
- LANGUAGE USED: SHALL, MUST
- REFERENCE OREGON LAW & STATE GUIDELINES, CURRENT CDC AND CURRENT ACOG.
- BIRTH CERTS, LABS, MEDS.
- CDC, GBS, STUFF
- NOTE: SPECIFIC DATED MORBIDITY & MORTALITY WEEKLY REPORT (1996)
- EDUCATION BOARD APPROVED.

- SPECIFIC "STANDARDS OF CARE" FOR: INITIAL VISITS (SHALL), LAB TESTS (SHALL), PRENATAL VISITS (MUST), ASSESSMENT OF FETAL WELLBEING (SHALL), EDUCATION & COUNSELING (MUST).
- USING INFORMED CHOICE PROCESS...TOGETHER THEY WILL SELECT A PROTOCOL FOR GUIDANCE IF FROM PRIOR TO LABOR...

*Midwifery Advisory Committee Meeting
June 10, 2003*

Attachment 3

BRAINSTORM IDEAS
JUNE 10, 2003 MIDWIFERY ADVISORY COMMITTEE MEETING

GOAL: PROTECTION OF PUBLIC THROUGH SAFE MIDWIFERY PRACTICE

- STANDARD OF PRACTICE DOCUMENT REFERENCED IN RULE
- UTILIZATION OF MIDWIFERY USING THE MIDWIFERY MODEL OF CARE
- MECHANISM. FOR STAYING CURRENT IN EVIDENCED BASED CARE IN REGULATION.
- LOWER MEDICAL/MIDWIFERY ERRORS
- LOWER VICARIOUS LIABILITY, CONCERN FOR MDS
- ALLOW FOR CNM OR LM CONSULT
- ALLOW FOR MORECONSULT ACCESS - THIS IS A CRISIS AREA
- DEFINING NORMAL & SIGNIFICANT DEVIATIONS FROM NORMAL
- PEER REVIEW & QA
- DOCUMENTED L/C FOR DEV. NORMAL
- (FLORIDA) "COLLABORATIVE MANAGEMENT AGREEMENT"
- DOCUMENTATION GUIDELINES & DEFENSIVE CHARTING
- LEGAL STUDY: DEFINE WHEN A MIDWIFE HAS CROSSED THE BRIGHT LINE INTO SUBSTANDARD PRACTICE.
- PROHIBITED ACTS
- DEFINITION OF CONSULT, COLLABORATION, REFER, AND TRANSFER
- COMBINE STANDARDS OF PRACTICE & INDICATIONS & COLLABORATIVE MANAGEMENT AGREEMENT WITH EXPANDED PRACTICE.
- CLIENT EDUCATION REGARDING OUT OF HOSPITAL & IN HOSPITAL COMPARISON & SAFETY DATA

GOAL: REDUCE COST OF REGULATION

- HAVE A DETERENT TO FRIVOLOUS COMPLAINTS; CREATE MECHANISMS AND DOCUMENTS AND SOLUTIONS WITH FULL BUY-IN FROM MIDWIFERY COMMUNITY.
- DEVELOP MECHANISM FOR EFFICIENCY OF DEVELOPMENT OF STANDARDS & STAKEHOLDER INPUT.
- PEER INVOLVEMENT IN CASE MANAGEMENT TEAM OR INVESTIGATION PROCESS
- USE MW EXPERTS VS MD EXPERTS

GOAL: IMPROVED GUIDANCE FOR INVESTIGATOR & LEGAL STAFF THROUGH MIDWIFERY STANDARDS & GUIDELINES.

- COLLABORATIVE MANAGEMENT AGREEMENT
- OUTCOME INFORMATION GIVEN BROAD INFORMATION REGARDING SAFETY OF MIDWIFERY CARE, HOSPITAL CARE AND PERINATAL M & M
- THRESHOLD CRITERIA FOR COMPLAINTS
- HAVE PEER/MIDWIFE INVESTIGATORS
- GIVE INVESTIGATORS OUT-OF-HOSPITAL DOCS, (INCLUDING CONS. & REFERS), CREATED BY MIDWIFE ORGANIZATIONS IN THIS STATE
- ADMINISTRATIVE OVERSIGHT TO LOWER COST OF AG & AAG SERVICES
- MWS SHALL EST. PPM & PROT MANUALS CONSISTANT WITH STANDARD LMW TEXT
- DOCUMENTATION GUIDELINES
- CEU OR DEFESIVE CHARTING
- OVERSIGHT OF LEGAL/ETHICAL BEHAVIOUR, INVESTIGATIONS

GOAL: COMMITMENT TO SUSTAINABILITY OF LM & PROGRAM

- STREAMLINE CHECK LIST FOR APPS & INVESTIGATORS
- WHAT DO OTHER STATES DO TO LOWER COSTS
- AFFORDABLE LICENSE FEE
- LOOK AT PUNITIVE DISCIPLINE VS QA + EDUCATION
- AVOID MARGINALIZING MIDWIVES
- PRESERVE MIDWIFERY MODEL OF CARE
- REDUCE BARRIORS TO LICENSING
- OBTAIN MORE ROUTES OF ENTRY (MEAC/CPM/RECIPROCITY)
- LOOK AT OTHER STATE REGULATIONS THAT JUST HAVE STANDARD OF PRACTIC DOCUMENTS OR OTHER INCLUSIONS.